

STANDARD CERTIFICATE OF DEATH

39976
STATE FILE NUMBER

FILED NOV 25 1957

Registration District No.

128

Primary Registration District No.

2800

Registrar's No.

1104

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) 1647 S. National			Length of stay in 1b 43 Yrs.	d. STREET ADDRESS 1647 S. National		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle ELMER Last MILLS				4. DATE OF DEATH Month November Day 15 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6 June 1915	9. AGE (In years last birthday) 43	10. F UNDER 1 YEAR Months 43 Days 0 Hours 0 Min. 0	11. IF UNDER 24 HRS. Hours 0 Min. 0	12. IF UNDER 24 MIN. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator of Plumbing Company			10b. KIND OF BUSINESS OR INDUSTRY Missouri		11. BIRTHPLACE (City and state or country) USA		
13a. FATHER'S NAME Carl Mills			13b. MOTHER'S MAIDEN NAME Otta Cavin		14. NAME OF HUSBAND OR WIFE Dorothy Mills		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. ?		17. INFORMANT Address Dorothy Mills Springfield, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INFARCTION OF MYOCARDIUM DUE TO ANTEROSCLEROTIC CORONARY Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) THROMBOSIS DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201						INTERVAL BETWEEN ONSET AND DEATH FEW MINUTES	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ and last saw him alive on 11-15-57 and last saw him on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 7:45 A.M.							
22a. SIGNATURE William O. Turner, M.D.				22b. ADDRESS 609 Cherry Springfield, Missouri		22c. DATE SIGNED 11-18-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
Burial		11-18-57	White Chapel		Springfield, Mo.		
24. FUNERAL DIRECTOR J. W. Klingner & Co.			ADDRESS Spfgd. Mo.		25. DATE RECD. BY LOCAL REG. 11-19-57		26. REGISTRAR'S SIGNATURE Edith Williamson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Ogle Stone Jr.*

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.